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NGN ATI PN FUNDAMENTALS WITH NGN 2023 EXAM TEST BANK/ PN FUNDAMENTALS WITH NGN 2023 ACTUAL EXAM 150 QUESTIONS AND CORRECT DETAILED ANSWERS WITH RATIONALES |ALREADY GRADED A+

A nurse is contributing to the plan of care for a client who practices Islam. Which of the following questions should the nurse ask the client to clarify the client's religious preferences?

a. "do you receive holy communion?"

b. "do you follow a kosher diet?"

c. "do you consume pork products?

d. "do you oppose receiving a blood transfusion if it is needed?" - ANSWER- "Do you consume pork products?"

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Rationale: Some clients who practice Islam do not consume pork or alcohol.

A nurse is planning to administer medication to a client who has Clostridium difficile infection. Which of the following actions should the nurse plan to take to prevent the transmission of this infection to others?

a. clean hands with an alcohol-based hand rub immediately after removing gloves

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b. remove the cover gown in the client's room after providing care

c. place the client in a room with negative-pressure airflow

d. wear a mask when administering oral medications to the client - ANSWER- Remove the cover gown in the client's room after providing care.

Rationale: The nurse should initiate contact precautions for clients who have a C. difficile infection. Contact precautions include the removal of the cover gown and other personal protective equipment inside the client's room to prevent the spread of infection.

-Alcohol-based hand rubs are not effective against C. difficile; therefore, the nurse should use soap and water to clean hands after providing care.

-Clients who have a C. difficile infection require contact precautions. A negative-pressure environment is a requirement for clients who are placed in airborne precautions.

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-Clients who have a C. difficile infection require contact precautions. Therefore, the nurse should wear gloves and a gown when giving direct care to the client. A mask is a requirement when caring for clients who are placed in droplet precautions.

A nurse in a long-term care facility is collecting admission data from a client who uses a hearing aid. Which of the following actions should the nurse take?

a. sit beside the client

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b. speak slowly and loudly to the client

c. dim the lights on the client's room

d. choose a private room for the interview - ANSWER- Choose a private room for the interview.

Rationale: The nurse should use a private room, which will minimize background noise so the client is able to hear what the nurse is saying.

A nurse is caring for a client who is receiving intermittent enteral feedings. Which of the following is the first action the nurse should take?

a. measure the client's gastric residual before each feeding

b. change the bag and tubing every 24 hr.

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c. document intake and output

d. flush the tubing with 30 ml of water after each feeding - ANSWER- Measure the client's gastric residual before each feeding.

Rationale: When using the nursing process, the first action the nurse should take is assessment. Therefore, obtaining gastric residual volume is the priority action for the nurse to take.

A nurse and an assistive personnel (AP) are providing postmortem care for a deceased client prior to visitation by the family. Which of the following actions by the AP requires intervention by the nurse?

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a. gathering the client's personal belongings

b. removing the client's dentures

c. placing absorbent pads under the client's buttocks

d. closing the client's eyes - ANSWER- Removing the client's dentures.

Rationale: The client's dentures should remain in place in order to give the face a natural appearance.

-The nurse should determine what items need to remain with the client's body. All other belongings should be gathered and given to the client's family.

-Absorbent pads are placed under the buttocks to absorb feces and urine released because of relaxation of the sphincter muscles.

-The deceased client's eyes should be closed by holding them gently shut for a few seconds.

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A nurse is collecting data from a client following a lumbar puncture. The nurse should identify which of the following as a potential adverse effect of this procedure?

a. fluid overload

b. diarrhea

c. headache

d. difficulty voiding - ANSWER- Headache

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